1 BEFORE THE ARIZONA REGULATORY BOARD
2 OF PHYSICIAN ASSISTANTS

3 In the Matter of: 4 **ERIK B. C. BUZAN, P.A.** 5 Holder of License No. 5148 6 For the Performance of Healthcare Tasks 7 In the State of Arizona 8 *Respondent.*	Case No. PA-22-0053A **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER FOR LETTER OF REPRIMAND AND PROBATION; AND CONSENT TO SAME**

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10 The Arizona Regulatory Board of Physician Assistants ("Board") considered
11 this matter at its public meeting on February 28, 2024. Erik B. C. Buzan, P.A.
12 ("Respondent"), appeared before the Board for a Formal Interview pursuant to the
13 authority vested in the Board by A.R.S. § 32-2551(G). The Board voted to issue
14 Findings of Fact, Conclusions of Law and Order after due consideration of the facts
15 and law applicable to this matter.

16 **FINDINGS OF FACT**

17 1. The Board is the duly constituted authority for the regulation and
18 control of physician assistants in the State of Arizona.
19 2. Respondent is the holder of license number 5148 for the performance
20 of health care tasks in the State of Arizona.
21 3. The Board initiated case number PA-22-0053A after receiving a
22 complaint regarding Respondent's care and treatment care and treatment of a 33
23 year-old male patient ("VF") alleging inappropriate prescribing of controlled
24 substances. Based on the complaint, Board staff requested Medical Consultant
25 ("MC") review of Respondent's care and treatment of VF.
26 4. On September 4, 2020, VF established care with Respondent for
27 primary care and pain management. VF had a history of musculoskeletal injuries

from an ATV accident requiring approximately 20 surgeries with multiple complications. VF reported using medical marijuana and alcohol. Respondent prescribed oxycodone 15mg every 6 hours #120.

5. On October 2, 2020, VF requested testosterone hormone therapy to assist with bone healing. VF's serum testosterone level was 271 ng/dl. Respondent prescribed testosterone cypionate and Arimidex 1mg weekly. Respondent increased VF's oxycodone 15mg every 4-6 hours #150.

6. Respondent continued to treat VF through July 2022, and prescribed VF medications including Trazodone, Xanax, testosterone, zaleplon and oxycodone. On May 3, 2021, a note was added to VF's medical record that narcotic doses would not be increased and the patient needed to be referred to pain management.

7. On May 23, 2022, VF requested Adderall because he was having surgery to have the rod in his leg removed and would be required to work at his desk for 3-6 months. VF reported that his current prescription for zolpidem was working for sleep and requested that Xanax be stopped. Respondent prescribed Adderall 30mg daily and discontinued Xanax.

8. On July 19, 2022, VF reported being involved in a motorcycle accident resulting in a compound leg fracture on June 27, 2022. Respondent added gabapentin 600mg three times daily. VF was informed that this would be his last appointment and VF was referred for pain management.

9. The standard of care prohibits a physician assistant from prescribing high dose opioids without clinical justification. Respondent deviated from this standard of care by prescribing high dose opioids without clinical justification.

10. The standard of care prohibits a physician assistant from prescribing a combination of high dose opioids and benzodiazepines without clinical justification.

Respondent deviated from the standard of care by prescribing a combination of high dose opioids and benzodiazepines without clinical justification.

11. The standard of care prohibits a physician assistant from prescribing Adderall without clinical justification. Respondent deviated from the standard of care by prescribing Adderall without clinical justification.

12. The standard of care requires a physician assistant to prescribe Narcan to patients on high dose opioids. Respondent deviated from the standard of care by failing to prescribe Narcan to a patient on high dose opioids.

13. The standard of care requires a physician assistant to prescribe testosterone at a therapeutic level. Respondent deviated from the standard of care by prescribing testosterone at a higher than recommended physiological range.

14. There was actual patient harm in that the patient became opioid dependent.

15. There was the potential for patient harm in that the patient was at risk for opioid addiction, respiratory depression, overdose and death. In addition, the patient was at risk of cardiovascular disease due to uncontrolled hyperlipidemia. Lastly, the patient was at risk of mood swings, aggressive behavior, heart muscle damage, insomnia, and prostate enlargement from the testosterone treatment.

16. Effective December 22, 2023, Respondent entered into an Interim Consent for Practice Restriction prohibiting him from prescribing controlled substances.

17. On January 6-7, 2024, Respondent completed a Board-staff pre-approved intensive virtual Continuing Medical Education ("CME") course in controlled substance prescribing for 21 CME credit hours.

18. On January 10, 2024, Respondent completed a Board staff pre-approved intensive virtual CME course in medical recordkeeping for 10.5 CME credit hours.

19. On February 1, 2024, the Interim Consent Agreement for Practice Restriction was terminated based on Respondent's completion of CME.

20. On February 27, 2024, Respondent submitted an additional licensee response stating that after completing the CME he met with his office staff to make changes recommended during his educational courses regarding documentation, abuse screening and mental health concerns. Respondent additionally submitted a copy of his certificate of completion of an intensive, in-person CME course in controlled substance prescribing for 21 CME credit hours completed pursuant to a Non-Disciplinary Continuing Medical Education Order in PA-17-0046A.

21. During the Formal Interview on the matter, Respondent stated that the case with VF was very difficult. Respondent stated that after graduating from PA school in 2012, he began working for an internal medicine practice. Respondent stated that he worked with several different practitioners, but that his first Supervising Physician ("SP") often saw high dose pain management patients and that Respondent would see the patients the SP was unable to see. Respondent stated he saw an increasing amount of pain management patients, and that he did not have much control over his patient population until 2021 when a new Medical Director ("SP2") came to the practice. Respondent stated that since that time, many changes occurred in the practice including testosterone prescribing protocols, ADHD protocols, and referring out patients who were receiving more than 90 morphine milligram equivalents ("MME") of opioid medications. Respondent noted that VF was one of the patients referred to pain management for medication management. Respondent stated that he learned from the CME, cooperated with the Board's investigation process and incorporated the education into his practice in order to provide better quality of care to his patients. Respondent also stated that he has ceased taking pain management patients. Respondent requested that the

Board not require him to undergo chart reviews and issue an advisory letter based on the remediation already completed.

22. Respondent testified regarding his care and treatment of VF. Respondent stated that his initial treatment of VF conformed with his training and experience as a young medical professional. Respondent stated that with regard to benzodiazepine prescriptions, he did have a discussion with VF regarding the indications for the prescriptions, but did not document it. Respondent testified regarding changes to his practice, for both controlled substance prescribing, testosterone therapy and for primary care services.

23. When asked about why he had failed to incorporate the education from the 2018 controlled substance prescribing course into his practice, Respondent stated that his supervising physician did not implement protocols or limit controlled substance prescribing, and his patient population did not change. Respondent further stated that in his opinion, there was never any guidance by an SP until SP2 joined the practice as medical director. Respondent stated that SP2 implemented more communication, documentation, protocols and policy restrictions than were previously in place at the practice. Respondent stated that he believes that VF's care would have been different if the changes had occurred sooner. Respondent accepted responsibility for not incorporating the education into his practice on his own. Respondent stated that the medical recordkeeping course taught him about what he needed to put on paper regarding his medical records.

24. Also, during the Formal Interview, Board members expressed concern regarding Respondent's attempts to cite the SP's lack of formalized policies as the basis for deficiencies in VF's care and Respondent's documentation. Board members agreed that the matter rose to the level of discipline, and voted to issue Respondent an order for Letter of Reprimand and Probation with a requirement to undergo periodic chart reviews.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-2501(20)(j) ("Committing any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.").

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-2501(20)(p) ("Failing or refusing to maintain adequate records for a patient.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand;

2. Respondent is placed on Probation for a period of two years with the following terms and conditions:

a. **Chart Reviews**

Within 30 days of the effective date of this Order, Respondent shall enter into a contract with a Board-approved monitoring company to perform periodic chart reviews at Respondent's expense. The chart reviews shall involve current patients' charts for care rendered after February 1, 2024. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.

b. **Probation Termination**

After three consecutive favorable chart reviews, Respondent may petition the Board to terminate the Probation. Respondent may not request early termination without satisfaction of the chart review requirements as stated in this Order.

The Probation shall not terminate except upon affirmative request of Respondent and approval by the Board.

Prior to any Board consideration for termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order.

The Board has the sole discretion to determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

c. **Obey All Laws**

Respondent shall obey all state, federal and local laws, and all rules governing the performance of healthcare tasks in Arizona.

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-2501(20)(ee).

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the board's executive director within thirty (30) days after service of this order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the board's order becomes effective thirty-five (35) days after it is mailed to respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the superior court.

DATED AND EFFECTIVE this 29th day of May, 2024.

ARIZONA REGULATORY BOARD
OF PHYSICIAN ASSISTANTS

By [signature]
Patricia E. McSorley
Executive Director

EXECUTED COPY of the foregoing mailed this 29th day of May, 2024 to:

Erik B. C. Buzan, P.A.
Address of Record

ORIGINAL of the foregoing filed this 29th day of May, 2024 with:

Arizona Regulatory Board
of Physician Assistants
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

[signature]
Board staff